

1768

 MARGIN RESERVED FOR BINDING  
 USE PERMANENT INK

## ARIZONA STATE DEPARTMENT OF HEALTH

126

## DIVISION OF VITAL STATISTICS

 (This return should preferably be made  
 by the person who made the original)

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*

 Place of Birth Miami

 County Gila

No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Female			

 DATE OF BIRTH\* September 16 1922  
 (Month) (Day) (Year)

 FULL\* NAME FATHER  
Pablo Lopez

 FULL\* MAIDEN NAME MOTHER  
Francisca Loya

 I HEREBY CERTIFY that the child described herein  
 has been named

HELEN HILDAGARDE LOPEZ

(Give name in full)

(Surname)

*Francisca Lopez*  
 (Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

 Blank supplemental reports of birth may be obtained from the local registrar.  
 10M 10-1-42-S.P.Co.

839-914-631